

CLAIMS ONLY

SERIAL NO. _____ FILING DATE _____

APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	/					
3	/					
4	/					
5	/					
6	/					
7	/					
8	/					
9	/					
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TOTAL IND.	4		↓		↓	↓
TOTAL DEP.	8		↔	↔	↔	↔
TOTAL CLAIMS	12					

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IND.	DEP.	IND.	DEP.
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99			
100			
TOTAL IND.		↓	
TOTAL DEP.		↔	↔
TOTAL CLAIMS			↔

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS